



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the **Secretary of State** - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 153175		2. Exact name of the Corporation TWIN RIVER NURSERY, INC.			
3. Principal office address 31 Douglas Pike			City Smithfield	State RI	Zip 02917
4. Business Phone No. 401-447-6456			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island NURSERY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name TYRONE V. DALO			Vice-President Name KATHY E. DALO		
Street Address 130 Whipple Road			Street Address 179 Creeley Street		
City Pascoag	State RI	Zip 02859	City Providence	State RI	Zip 02904
Secretary Name KATHY E. DALO			Treasurer Name TYRONE V. DALO		
Street Address 179 Creeley Street			Street Address 130 Whipple Road		
City Providence	State RI	Zip 02904	City Pascoag	State RI	Zip 02859
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200 Shares	Common	No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED

FEB 10 2016

RV KL 5980

[Signature] 2-6-16
 Signature of Authorized Representative Date
TYRONE V. DALO
 Print or Type Name of Authorized Representative